

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009853** FILING DATE **01 JUL 2002**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			/				51					
2				/			52					
3				/			53					
4				/			54					
5				/			55					
6				/			56					
7				/			57					
8				/			58					
9				/			59					
10				/			60					
11				/			61					
12				/			62					
13				/			63					
14				/			64					
15				/			65					
16				/			66					
17				/			67					
18				/			68					
19				/			69					
20				/			70					
21				/			71					
22				/			72					
23				/			73					
24				/			74					
25							75					
26							76					
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28							78					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.				/			TOTAL IND.					
TOTAL DEP.				23			TOTAL DEP.					
TOTAL CLAIMS				23			TOTAL CLAIMS					